

NOTIFICATION OF DIRECT DEPOSIT

NAME		SOCIAL	SECURITY# / /	
TELEPHONE NUMBER (WORK)		(HOME/CELL)		
I AUTHORIZE USD 231 TO PROCES	SS THE FOLLOWING	TRANSACTION(S):		
NEW	ADD	CHANGE	CANCEL	
Financial Inst <u>itution</u>				
Transit Rou <u>ting #</u>		Account <u>#</u>		
\$ Amountor Ne	et Wag <u>es</u>	Checking	or Savings	
NEW	ADD	CHANGE	CANCEL	
Financial Inst <u>itution</u>				
Transit Routing #		Account <u>#</u>		
\$ Amountor Ne	et Wag <u>es</u>	Checking	or Savings	
NOTE: A voided check o				
must be attached in order to the control of the con		our account and	ttile balik tralisit	
	DIRECT DEP	OSIT AGREEMENT		
manner for USD 231 to act on it. I h information as I have indicated. USD failure or change of ownership or co	nereby release USD 2 231 shall in no way b ontrol of the financia	31 from any and all liabili be liable for errors commi of institution; withdrawals	n from me of its termination in a timely ty provided that USD231 processes this tted by the financial institution; closing, by others from said account; closing of r even not directly and solely within the	
Funds sent to a closed account will not	be re-issued until rece	eipt of funds returned by th	e receiving institution.	
Upon termination of employment with release form has been completed.	USD 231, the school o	district reserves the right no	ot to make a deposit of final pay until a	
I certify that I have read the Direc	t Deposit Agreemer	nt (above) and agree to nerein is correct.	be bound by all terms and provision	
SIGNED	NED		DATE	
l acknowledge that my pay stubs will be need to receive a paper copy, it will be	e available to me elect		231 timekeeping program. If at any time l oll or Human Resources Departments.	
SIGNED		DATE		